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PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 022290.0122PTUS FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) December 6, 2004 10/516.733-Conf. #8573 Filed Application Number POLYAMINOACIDS FUNCTIONALIZED BY ALPHA TOCOPHEROL AND USES THEREOF, For PARTICULAR FOR THERAPEUTIC APPLICATIONS D. Lukton Examiner Art Unit 1654 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above Identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> \$60 One month (37 CFR 1.17(a)(1)) \$120 450.00 \$225 Two months (37 CFR 1.17(a)(2)) \$450 \$510 \$1020 Three months (37 CFR 1.17(a)(3)) \$1590 \$795 Four months (37 CFR 1.17(a)(4)) \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2228 I am the applicant/Inventor. essignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 July 5, 2007 Date Signature (703) 744-7987 William J. McKeague, Ph.D. Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. Total of

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Under the Paperwork Reduction Act of 1	995, no person are required to	U.S. Patent and respond to a collection of i	mom <u>stion (</u>	for use through 0 Office: U.S. DEP/ unless it displays :	3/30/2007, Q RYMENT OI 1 valid OMB (/SB/17 (08-07) MB 0851-0032 COMMERCE control number.
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL		Complete if Known				
				10/516,733-Conf. #8573		
		Filing Date		December 6, 2004		
		First Named Inventor		You-Ping Chan		
For FY 2007		Examiner Name D		D. Lukton		
Applicant claims small entity status. See 37 CFR 1.27		All One		1654		
TOTAL AMOUNT OF PAYMENT	(\$) 450.00	Attorney Docket No. 0		022290.0122PTUS		
METHOD OF PAYMENT (check till that apply)						
Check K Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee						
x Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.18 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
		ARCH FEES E		TION FEES		
A	Small Entity Fee (\$) Fee (\$	Small Entity	ee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Application Type Fee (\$ Utility 300) <u>Fee (\$) Fee (\$</u> 150 500	-	200	100	1 4 4 4	
1	100 100		130	65		
Design 200 Plant 200	100 300	•	160	80		
1	150 500		600	300		
Reissue 300 Provisional 200	100 0	0	U	. 0		
2. EXCESS CLAIM FEES	100 0	v	·	•		Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)			Multiple Dependent Claims			
27 -47 = 0		e (5) <u>Fee Paid (\$)</u>				
HP = highest number of total claims peld for	, if greater than 20,					_
Indep, Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
1 -6 = 0 × = HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
4. OTHER FEE(8) Fees Paid (\$)						
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00						
SUBMITTED BY						
Signature Signature	1 Amul	Registration No. (Attorney/Agent) 5	8,678	Telephone	(703) 74	4-7987
Name (Print/Type) William J. McKeague, Ph.D.				Dale July 5, 2007		